

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>091773 877</u>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				81			
2	/						82			
3	/						83			
4	/						84			
5	/						85			
6	/						86			
7	/						87			
8	/						88			
9	/						89			
10	/						90			
11	/						91			
12	/						92			
13	/						93			
14	/						94			
15	/						95			
16	/						96			
17	/						97			
18	/						98			
19	/						99			
20	/						100			
21	/									
22	/									
23	/									
24	/									
25	24		1							
26	24		1							
27	24		1							
28	/									
29	/									
30	/									
31	/									
32	/									
33	2									
34	2									
35	22									
36	/									
37	/									
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	31									
TOTAL DEP.	78									
TOTAL CLAIMS	109									